

The Immunization Status Summary Report Packet

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Items that need to be returned by October 15, 2011

- 2011-2012 Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children (Form)
- Report of Students in Noncompliance with Missouri School Immunization Law (Form)
 - This report only needs to be returned if students are noncompliant.



2011-2012 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

In progress does not apply to the Tdap or Td booster.

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4	4	4	4
Tdap ²									1	1	Tdap or Td required 10 years after last DTaP, DTP or DT.		
IPV (Polio) ³	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR	2	2	2	2	2	2	2	2	2	2 measles, 1 mumps, 1 rubella required, however 2 MMRs are highly recommended.			
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁴	2	2	1	1	1	1	1	No doses required, however vaccination is highly recommended.					

- Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.
Maximum needed: six doses.
- Tdap, which contains pertussis vaccine, is required for students enrolled in the eighth and ninth grade who have completed the recommended childhood DTaP/DTP vaccination series and have not received a Td booster dose within the past two years. **If a student received a Tdap booster the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.** For 10-12 grades, a Tdap or Td booster is required 10 years after the last dose of DTaP, DTP or DT. In the event of a pertussis outbreak situation, Tdap may be given at intervals less than 10 years.
- Kindergarten & 1st Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
2-6 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-years of age constitutes a complete series. **Maximum needed:** four doses.
- Kindergarten & 1st Grade: As satisfactory evidence of disease, an MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
2-6 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.





RELIGIOUS EXEMPTION

WHAT PARENTS NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; brain damage; and deafness.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be life-threatening.

Actively choosing not to immunize a child by claiming a religious exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from school during disease outbreaks. This can cause hardship for the child and parent. No exceptions are made, regardless of the circumstances.

Claiming a religious exemption represents a parent or guardian's belief that the family's religious preference does not support immunizing against vaccine-preventable diseases.

A religious exemption can be filed for selected vaccines or for all vaccines. Parents and guardians should indicate which vaccines are included on the Religious Immunization Exemption. The exemption can be obtained from the local health department and must be completed and filed with the school administrator.

It is unlawful for any child to attend school unless the child has been adequately immunized or unless the parent or guardian has signed and filed a Religious Immunization Exemption.

Immunizations may save your child's life.



Missouri Immunization Exemptions



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF VACCINE-PREVENTABLE AND
TUBERCULOSIS DISEASE ELIMINATION
MEDICAL IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.030, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF PATIENT (PRINT OR TYPE)																		
<p>SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:</p> <p><input type="checkbox"/> The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.)</p> <p><input type="checkbox"/> In my medical judgment, the immunization(s) checked would endanger the child's health or life.</p> <table border="0"><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Pertussis</td><td><input type="checkbox"/> Td</td><td><input type="checkbox"/> Polio</td><td><input type="checkbox"/> Hib</td></tr><tr><td><input type="checkbox"/> MMR</td><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Hepatitis B</td><td><input type="checkbox"/> Other</td></tr><tr><td colspan="6"><input type="checkbox"/> Varicella</td></tr></table> <p>1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.</p> <p>2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.</p>		<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Td	<input type="checkbox"/> Polio	<input type="checkbox"/> Hib	<input type="checkbox"/> MMR	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Other	<input type="checkbox"/> Varicella					
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Td	<input type="checkbox"/> Polio	<input type="checkbox"/> Hib														
<input type="checkbox"/> MMR	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Other														
<input type="checkbox"/> Varicella																			
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN REGISTRATION NO.																		
SIGNATURE OF PHYSICIAN	DATE																		

MO 580-0807 (1-02)

Imm.P.12



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE
RELIGIOUS IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAW (Section 167.181, RSMo) FOR SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)										
<p>Should be exempted from receiving the following checked immunization(s) violate my religious beliefs:</p> <table border="0"><tr><td><input type="checkbox"/> DIPHTHERIA</td><td><input type="checkbox"/> TETANUS</td><td><input type="checkbox"/> PERTUSSIS</td><td><input type="checkbox"/> POLIO</td><td><input type="checkbox"/> VARICELLA</td></tr><tr><td><input type="checkbox"/> HEPATITIS B</td><td><input type="checkbox"/> MMR</td><td><input type="checkbox"/> OTHER</td><td colspan="2"></td></tr></table> <p>1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.</p> <p>2. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.</p>		<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> TETANUS	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> POLIO	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> MMR	<input type="checkbox"/> OTHER		
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> TETANUS	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> POLIO	<input type="checkbox"/> VARICELLA							
<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> MMR	<input type="checkbox"/> OTHER									
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE										

MO 580-1723 (3-010)

Imm.P.11A



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE
IMMUNIZATIONS IN PROGRESS

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.030, RSMo, Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)										
<p>received the following immunization(s) on _____ as required by State Immunization Laws</p> <p>MONTH/DAY/YEAR</p> <table border="0"><tr><td><input type="checkbox"/> DIPHTHERIA</td><td><input type="checkbox"/> TETANUS</td><td><input type="checkbox"/> PERTUSSIS</td><td><input type="checkbox"/> HIB</td><td><input type="checkbox"/> POLIO</td></tr><tr><td><input type="checkbox"/> PNEUMOCOCCAL</td><td><input type="checkbox"/> VARICELLA</td><td><input type="checkbox"/> HEPATITIS B</td><td><input type="checkbox"/> MMR</td><td><input type="checkbox"/> OTHER</td></tr></table> <p>and is scheduled to return on _____</p> <p>MONTH/DAY/YEAR</p> <p>NOTE: This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the immunization(s) at the correct intervals according to the Department's Immunization Schedule.</p>		<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> TETANUS	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> HIB	<input type="checkbox"/> POLIO	<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> MMR	<input type="checkbox"/> OTHER
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> TETANUS	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> HIB	<input type="checkbox"/> POLIO							
<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> MMR	<input type="checkbox"/> OTHER							
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN SIGNATURE										
PUBLIC HEALTH NURSE	DATE										
	CITY OR COUNTY OF ASSIGNMENT										

MO 580-0828 (3-10)

Imm.P.14

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹		HepB	HepB			HepB							
Rotavirus ²				RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote ³	DTaP				DTaP	
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib						
Pneumococcal ⁵				PCV	PCV	PCV	PCV					PPSV	
Inactivated Poliovirus ⁶				IPV	IPV	IPV	IPV					IPV	
Influenza ⁷													
Measles, Mumps, Rubella ⁸							MMR		see footnote ⁸			MMR	
Varicella ⁹							Varicella		see footnote ⁹			Varicella	
Hepatitis A ¹⁰							HepA (2 doses)					HepA Series	
Meningococcal ¹¹												MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hibrix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.

- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See *MMWR* 2010;59(No. RR-11).

- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)

- Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Department of Health and Human Services • Centers for Disease Control and Prevention

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus ²	see footnote ²		HPV (3 doses)(females)	HPV Series	
Meningococcal ³		MCV4	MCV4	MCV4	
Influenza ⁴			Influenza (Yearly)		Range of recommended ages for catch-up immunization
Pneumococcal ⁵			Pneumococcal		
Hepatitis A ⁶			HepA Series		
Hepatitis B ⁷			Hep B Series		Range of recommended ages for certain high-risk groups
Inactivated Poliovirus ⁸			IPV Series		
Measles, Mumps, Rubella ⁹			MMR Series		
Varicella ¹⁰			Varicella Series		

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, **800-822-7967**.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

(Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
- Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
- Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
- HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
- HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).

3. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)

- Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
- Administer 1 dose at age 13 through 18 years if not previously vaccinated.
- Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
- Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
- Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).

4. Influenza vaccine (seasonal).

- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first

time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

- Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.

5. Pneumococcal vaccines.

- A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
- The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.

6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- The minimum interval between the 2 doses of MMR is 4 weeks.

10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2011

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ³		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months ⁵	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs	Routine dosing intervals are recommended (females) ¹¹			
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks ⁵	6 months ⁵	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- The minimum age for the third dose of HepB is 24 weeks.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- 1 dose of Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.

- Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
- For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
- A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 2010;59(No. RR-11).

6. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.

8. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for children aged older than age 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

10. Tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years or as a booster for children aged 11 through 18 years; use Td for other doses.

11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated or have not completed the vaccine series.
- Quadrivalent HPV vaccine (HPV4) may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 800-CDC-INFO (800-232-4636).

Department of Health and Human Services • Centers for Disease Control and Prevention

Vaccine Identification

VACCINE	DIFFERENT BRANDS AND ABBREVIATIONS		
Diphtheria, Tetanus, Acellular Pertussis	Acel-Imune Daptacel Infanrix Kinrix (Combined with IPV) Pentacel (Combined with IPV and Hib) Tetramune (Combined with Hib) abbreviated TTR TriHIBit (Combined with Hib) (DTaP/Hib) Pediarix (Combined with IPV and Hep B) Certiva DTaP Tripedia		
Diphtheria and Tetanus	DT		
Tetanus	Decavac	TT (Tetanus Toxoid)	Td
Tetanus, Diphtheria Acellular Pertussis	Tdap	Adacel	Boostrix
Haemophilus Influenzae type b (Hib)	ActHIB Hboc H-FLU HibTITER PedvaxHIB ProHIBit PRP-T Comvax (Combined with Hep B) Tetramune (Combined with DTP) Abbreviated TTR TriHIBit (Combined with DTaP) (DTap/Hib) Pentacel (Combined with DTaP and IPV) HbCV HbPV Hib OmniHIB Pro-D PRP-OMP Hiberix		
Hepatitis A	HAV Hep A	Havrix Twinrix (Combined with Hep B)	VAQTA
Hepatitis B	Engerix-B Hep B Recombivax-HB Comvax (Combined with Hib) Pediarix (Combined with DTaP and IPV) Twinrix (Combined with Hep A) HBV Heptavax		
HepA/HepB	Twinrix (Hep A and Hep B combined)		
Human Papilloma Virus	HPV	Gardasil	Cervarix

Vaccine Identification

Influenza	Flu Flumist Fluzone TIV	Fluarix Fluvirin LAIV Afluria	FluLaval Agriflu
Measles, Mumps, Rubella	MMR MMRV (Measles, Mumps, Rubella combined with Varicella) ProQuad (Measles, Mumps, Rubella combined with Varicella)	M-M-R II	
Measles, Mumps, Rubella, Varicella	MMRV	ProQuad	
Measles	Attenuvax		
Mumps	Mumpsvax		
Rubella	Meruvax II		
Meningococcal	MCV4 Menomune MPSV	Menactra Men Vaccine Menveo	
Pneumococcal	PCV-7 (Prevnar) PCV-13 (Prevnar) PNE (Pneumo) Pneumovax 23	Pneumococcal Conjugate Pnu-Immune-23 PPV-23 PPSV	
Polio	eIPV IPV Ipol Pediarix (Combined with DTaP and Hep B) Pentacel (Combined with DTaP and Hib) Kinrix (Combined with DTaP)	OPV (Oral Polio) TOPV (Oral Polio) Orimune (Oral Polio)	
Rotavirus	RotaTeq RV	Rotashield Rotarix	
Varicella (Chickenpox)	VAR MMRV (Varicella combined with Measles, Mumps, Rubella) ProQuad (Varicella combined with Measles, Mumps, Rubella)	Varivax	
Zoster	Zostavax		

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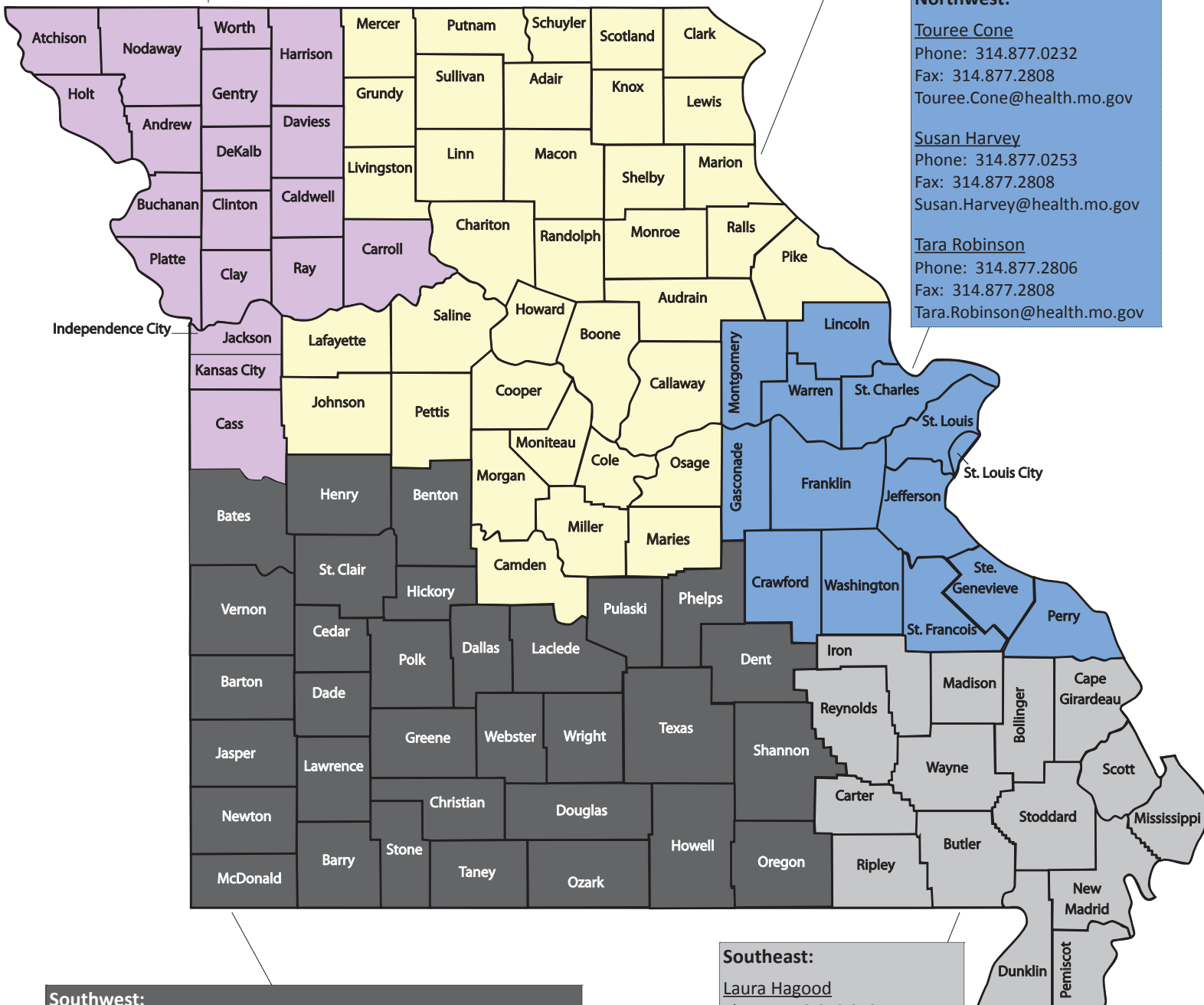
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Missouri Department of Health and Senior Services
Bureau of Immunization Assessment & Assurance
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6124 toll free 1-866-628-9891

Mailing Address Correct: ☐ Yes ☐ No
(If no, please make corrections on label)

Phone:

Email Address:

Date:	Approved By (Superintendent or School Administrator):
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2011-2012	Grade Level													UN- GRADED
	K	1	2	3	4	5	6	7	8	9	10	11	12	
TOTAL NUMBER OF STUDENTS ENROLLED														
DTAP/DT/TD/TDAP	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	4 doses	4 doses	4 doses	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records*														
Students with no immunization records*														
TDAP									1 dose	1 dose				
Students fully immunized														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records*														
Students with no immunization records*														
POLIO	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records*														
Students with no immunization records*														
MMR (MEASLES, MUMPS, RUBELLA)	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records*														
Students with no immunization records*														
HEPATITIS B	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records*														
Students with no immunization records*														
VARICELLA	2 dose	2 dose	1 dose	1 dose	1 dose	1 dose	1 dose							
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with proof of disease														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records*														
Students with no immunization records*														

*** DENOTES NEED TO COMPLETE THE REPORT OF STUDENTS IN NONCOMPLIANCE WITH MISSOURI SCHOOL IMMUNIZATION LAW (IMMP-10)**

Title 19--DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20 – Division of Environmental Health and Communicable Disease Prevention

Chapter 28 – Immunization

19 CSR 20-28.010 Immunization Requirements for School Children

PURPOSE: This rule establishes minimum immunization requirements for all school children in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and helps assure that appropriate actions are taken by schools to enforce section 167.181, RSMo.

(1) As mandated by section 167.181, RSMo, each superintendent of a public, private, parochial or parish school shall have a record prepared showing the immunization status of every child enrolled in or attending a school under the superintendent's jurisdiction. The school superintendent shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of children who are in noncompliance. This report shall include immunization information by grade or age by vaccine antigen (diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B, and varicella), number of children enrolled, number of children adequately immunized, number of children in progress, and number of children exempt. Each school superintendent or chief administrator shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. Transfer students in noncompliance shall not be permitted to enroll or attend school. Students who were enrolled during the previous school year shall be denied attendance for the current school year if not in compliance. Homeless children may be enrolled in school for no more than twenty-four (24) hours prior to providing satisfactory evidence of immunization. For the purpose of this paragraph, a homeless child shall be defined as a child who lacks a fixed, regular and adequate nighttime residence; or who has a primary nighttime residence in a supervised

publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. The school administration should exercise its power of pupil suspension or expulsion under section 167.161, RSMo and possible summary suspension under section 167.171, RSMo until the violation is removed.

(B) This rule is designed to govern any child—regardless of age—who is attending a public, private, parochial or parish school. If the specific age recommendations are not mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any child to attend school unless the child has been immunized according to this rule or unless the parent or guardian has signed and placed on file a statement of medical or religious exemption with the school administrator.

1. Medical exemption. A child shall be exempted from the immunization requirements of this rule upon certification by a licensed doctor of medicine or doctor of osteopathy that either the immunization would seriously endanger the child's health or life or the child has documentation of laboratory evidence of immunity to the disease. The Department of Health and Senior Services Form Imm.P.12, included herein, shall be on file with the school immunization health record for each child with a medical exemption. This need not be renewed annually.

2. Religious exemption. A child shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo if one (1) parent or guardian objects in writing to the school administrator that immunization of that child violates his/her religious beliefs. This exemption on Department of Health and Senior Services Form Imm.P.11A, included herein, shall be placed on file with the school immunization health record.

3. Immunization in progress. Section 167.181, RSMo provides that students may continue to attend school as long as they have started an immunization series and satisfactory progress is being accomplished. A Department of Health and Senior Services Form Imm.P.14 included herein, shall be on file with the school immunization health record of each student with immunization in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion should be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) For school attendance, children shall be immunized against diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B, and varicella, according to the latest Advisory Committee on Immunization Practices (ACIP) Recommended Childhood Immunization Schedule—United States and the latest ACIP General Recommendations on Immunization. As the immunization schedule and recommendations

are updated, they will be available from and distributed by the Department of Health and Senior Services.

(A) Pertussis vaccine is not required for children seven (7) years of age and older.

(B) Hepatitis B vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 1992-93 school year.

(C) Varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-06 school year.

(3) The parent or guardian shall furnish the superintendent or school administrator satisfactory evidence of immunization or exemption from immunization against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella.

(A) Satisfactory evidence of immunization means a statement, certificate or record from a physician or other recognized health facility or personnel stating that the required immunizations have been given to the person and verifying the type of vaccine. All children shall be required to provide documentation of the month, day and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, the parent, the guardian, a licensed doctor of medicine or doctor of osteopathy may sign and place on file with the superintendent or school administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

Auth: sections 167.181 and 192.006.1., RSMo (Cum. Supp. 1993). This rule was previously filed 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. Rescinded and readopted: Filed April 17, 1980, effective Aug. 11, 1980. For intervening history, please consult the Code of State Regulations. Amended: Filed September 23, 2003, effective April 30, 2004.

Completing the Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children

1. Ensure the name of the school or school system and address on the top portion of the form are correct. If not, make corrections on the label.
2. For **each grade**, enter the current enrollment.
3. For **each grade** and **each required immunization** enter the following:
 - The number of students fully immunized.
 - The number of students in progress to complete immunization series. (**In progress means student is waiting to complete the series, but is not eligible to receive vaccine due to timeframe between doses**).

An Immunizations In Progress form (Imm.P.14) must be on file.

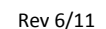
- The number of students with proof of disease, for varicella only.
 - The number of students with a **Medical Immunization Exemption** form (Imm.P.12) on file.
 - The number of students with a **Religious Immunization Exemption** form (Imm.P.11A) on file.
 - The number of students who do not have all immunizations required for their grade level, but have an immunization record. Record these students on the *Report of Students in Noncompliance with Missouri School Immunization Law* (Imm.P.10).
 - The number of students who do not have an immunization record. Record these students on the *Report of Students in Noncompliance with Missouri School Immunization Law* (Imm.P.10).
4. Enter the phone, email address, date and name of the individual completing the form. Obtain the necessary signature and send to the Missouri Department of Health and Senior Services, Bureau of Immunization Assessment and Assurance, P.O. Box 570, Jefferson City, MO 65102, by October 15, 2011.





NOTE: As required by Section 167.181, Revised Statutes of Missouri and by the Code of State Regulations, 19 CSR 20-28.010, the name of any parent/guardian who neglects or refuses to permit a nonexempted child to be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B and varicella shall be reported by the school administrator/superintendent to the

Department of Health and Senior Services, Bureau of Immunization Assessment and Assurance, P.O. Box 570, Jefferson City, MO 65102.

[illegible]

Completing the *Report of Students in Noncompliance with Missouri School Immunization Law*

The *Report of Students in Noncompliance with Missouri School Immunization Law* is to be used to report those students who have not received all required immunizations AND who do not have the appropriate **Medical** or **Religious Immunization Exemption** or **Immunizations In Progress** form on file.

Do **not** include students who are in the process of completing a vaccination series; however, ensure these students have an **Immunizations In Progress** form on file.

1. Enter the identifying information and address for the school or school system, date, and name of person completing the form.

2. Enter the following information for each student in noncompliance:

- Student ID (such as school developed identification number)
- Grade
- Check the appropriate box(es) under the Immunization(s) Needed Section

A sample letter is attached for your use in communicating with parents and guardians regarding the immunization status of their children.

3. By **October 15, 2011**, submit a photocopy of the completed form with the *Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children* to the Missouri Department of Health and Senior Services.

4. By **November 15, 2011**, immunization follow-up information for the non-compliant students must be submitted to the Missouri Department of Health and Senior Services.

Indicate in the Immunization Follow-up column what action was taken to enable the student(s) to meet the immunization requirements and remain in school.

After November 15, 2011, students who do not have the required immunization(s), appropriate exemption or an In Progress form on file should be excluded from school attendance.

5. Continue updating the *Report of Students in Noncompliance with Missouri School Immunization Law* and send **monthly** to the Missouri Department of Health and Senior Services until all students are compliant.

Return the completed form to:

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance
P.O. Box 570
Jefferson City, MO 65102

For assistance:

Call your Regional Immunization Quality Improvement Representative (see attached map), your local public health agency or the Bureau of Immunization Assessment and Assurance at 573.751.6124.



(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require students to be properly immunized and provide verification to attend school, unless they are exempt.

Children attending school must be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella hepatitis B and varicella. All students are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend school.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than _____. Please call _____, with any questions.

Sincerely,

☐ **No immunization record on file - provide a complete immunization record.**

☐ **Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap)**

- ☐ Series incomplete. (Dose[s] needed _____).
- ☐ Last dose of (DTaP, DTP or DT) was received before fourth birthday (last dose was ____/____/____).
- ☐ Tdap needed for eighth and ninth grade entry.
- ☐ Tdap/Td - 10 year booster (last dose was ____ / ____/ ____).

☐ **Polio (IPV, OPV)**

- ☐ Series incomplete. (Dose[s] needed _____).
- ☐ Last dose of Polio was received before fourth birthday (last dose was ____/____/____).

☐ **Measles, Mumps and Rubella**

- ☐ Series incomplete. (Dose[s] needed _____ Measles immunization _____ Mumps immunization _____ Rubella immunization).
- ☐ Vaccination for Measles, Mumps and Rubella is required since initial vaccines were received before first birthday.

☐ **Hepatitis B**

- ☐ Series incomplete. (Dose[s] needed _____).

NOTE: Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule – Dose 1 on initial visit; Dose 2 on 4-6 months after Dose 1.

☐ **Varicella (Kindergarten, First, Second, Third, Fourth, Fifth and Sixth Grade)**

- ☐ Series incomplete. (Dose[s] needed _____ or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).
- ☐ Vaccination for Varicella is required since vaccine was received before first birthday.